

BET DISSOLUTION CONFIRMATION
**(This form should only be filled out if the information
is verifiable in the Sec. of State's CONCORD system)**

CALLER'S NAME: _____

DAYTIME TELEPHONE _____

BUSINESS NAME: _____

FID (if available) _____

BUSINESS ID _____
[\(as listed on concord\)](#)

CT REGISTRATION # _____

MAILING ADDRESS _____

BUSINESS STATUS	_____	CANCEL
AS LISTED ON CONCORD	_____	DISSOLVED
	_____	FORFEITURE
	_____	MERGER
	_____	RENUNCIATE
	_____	REVOCATION
	_____	WITHDRAWAL

(If any checked on the above list) Enter DATE/TIME _____

EMPLOYEE NAME: _____ EXT. _____

Print and attach to this form the CONCORD screen
with the Business Status and place in the basket.